



Health Care Provider		Patient Name (Last, First, Middle Initial) <span style="float: right;">NRN <input type="checkbox"/></span>		
Street		Patient ID	DOB	Sex
City <span style="float: right;">Zip Code</span> <div style="text-align: center; font-weight: bold;">WA</div>		Medicaid/Private Insurance		ICD9/Diagnosis
				Date Collected

### SEROLOGY

Time Collected

#### HIV

- ☐ HIV-1 Antibody EIA (includes Western blot when EIA is positive)
- ☐ HIV-1 Antibody Western blot (confirmation)
- ☐ Pooled HIV-1 RNA (only when HIV antibody is negative)
- Rapid HIV antibody ☐ negative ☐ positive Date: \_\_\_\_\_
- ☐ Individual HIV-1 RNA (approved by: \_\_\_\_\_)

#### Exposures since 1978 (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Sex with male<br><input type="checkbox"/> Sex with female<br><input type="checkbox"/> Injection drug user<br><input type="checkbox"/> Sex for money/drugs<br><input type="checkbox"/> Foreign Born, Where? _____<br><input type="checkbox"/> Other (specify) _____<br><input type="checkbox"/> None of the above | <b>Sexual relations with:</b><br><input type="checkbox"/> Person with HIV/AIDS<br><input type="checkbox"/> Homosexual/Bisexual male<br><input type="checkbox"/> Injection drug user |
|---|---|

#### During the past 12 months:

- ☐ Reportable STD
- ☐ 4 or more sex partners

#### Tested previously? ☐ No ☐ Yes

If tested, Result: \_\_\_\_\_

Date: \_\_\_\_\_

#### SYPHILIS

- Specify: ☐ Screening ☐ Follow-up ☐ Confirmation
- ☐ RPR (includes TP-PA when RPR is positive) ☐ VDRL (Spinal fluid)
- ☐ TP-PA ☐ FTA-ABS (Spinal fluid)

#### HEPATITIS

- ☐ Hepatitis A Antibody
- ☐ Hepatitis B Surface Antigen
- ☐ Hepatitis B Surface Antibody
- ☐ Hepatitis B Core Antibody
- ☐ Hepatitis C Antibody
- ☐ Hepatitis A Antibody, IgM
- ☐ Hepatitis B Core Antibody, IgM

#### Perinatal Hepatitis B

- ☐ Prenatal
- ☐ Infant follow-up
- ☐ Household contact
- ☐ Sexual contact

#### Reason for testing:

- ☐ Screening/Immune status
- ☐ Acute Hepatitis
- ☐ Chronic Hepatitis

#### Risk factors:

- ☐ Injection drug use
- ☐ Homosexual Activity
- ☐ Multiple sex partners

#### OTHER

- |   |  |
|---|--|
| <input type="checkbox"/> HSV-1 Antibody (type-specific)<br><input type="checkbox"/> HSV-2 Antibody (type-specific)<br><input type="checkbox"/> Measles Antibody<br><input type="checkbox"/> Quantiferon-TB (Quantiferon Blood Collection Tubes)<br>Date & Time Collected: _____ | <input type="checkbox"/> Rubella Antibody<br><input type="checkbox"/> Varicella-Zoster Antibody<br><input type="checkbox"/> Mumps Antibody |
|---|--|

### BACTERIOLOGY

- ☐ **GONORRHEA CULTURE** (Modified Thayer-Martin medium)
- Source: ☐ cervix ☐ urethra ☐ rectum
- ☐ throat ☐ other \_\_\_\_\_
- ☐ **CHLAMYDIA and GONORRHEA APTIMA** (APTIMA transport tube)
- Source: ☐ urine ☐ cervix ☐ urethra
- ☐ vagina ☐ rectum ☐ throat
- ☐ **ACID FAST BACILLUS CULTURE WITH SMEAR** (Sterile container)
- Source: ☐ sputum ☐ other \_\_\_\_\_
- ☐ **GROUP A STREP CULTURE** (CultureSwab)
- Source: ☐ throat ☐ other \_\_\_\_\_
- ☐ **GROUP B STREP CULTURE** (CultureSwab)
- Source: ☐ vagina/rectum ☐ other \_\_\_\_\_
- Penicillin allergy? ☐ No ☐ Yes
- ☐ **STOOL CULTURE** (Enteric pathogen transport vial)
- Specify: ☐ bloody ☐ liquid ☐ formed
- ☐ **E COLI SHIGA TOXIN** (Enteric pathogen transport vial)
- ☐ **PERTUSSIS CULTURE** (Regan-Lowe transport medium)
- Source: ☐ nasopharynx ☐ other \_\_\_\_\_
- ☐ **PERTUSSIS PCR** (Sterile container)
- Source: ☐ nasopharynx ☐ other \_\_\_\_\_
- ☐ **OTHER** \_\_\_\_\_

### PARASITOLOGY

- ☐ **OVA AND PARASITES** (Formalin vial)
- ☐ **CRYPTOSPORIDIUM** (Formalin vial)
- ☐ **PINWORM** (Adhesive paddle)
- ☐ **TRICHOMONAS CULTURE** (InPouch medium)
- Source: ☐ vagina ☐ other \_\_\_\_\_

### VIROLOGY

- ☐ **HERPES SIMPLEX VIRUS CULTURE** (Viral transport medium)
- Source: ☐ genital lesion ☐ other \_\_\_\_\_
- ☐ **HERPES SIMPLEX VIRUS PCR** (Viral transport medium)
- Source: ☐ genital lesion ☐ other \_\_\_\_\_
- ☐ **RESPIRATORY VIRUS CULTURE** (Viral transport medium)
- Source: ☐ throat ☐ other \_\_\_\_\_
- ☐ **VIRUS CULTURE** (Viral transport medium)
- Specify virus/source: \_\_\_\_\_
- ☐ **INFLUENZA A & B ANTIGEN**

REMARKS

DATE RECEIVED